

View Royal Out of School Care Society
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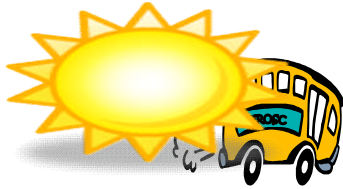
BUS-tin' Out Summer Camp 2011

Registration Documents

Child's Last Name		Child's First Name	
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<input type="checkbox"/> Week 1 July 4 – 8, 2011 Crazy Critters	<input type="checkbox"/> Week 2 July 11 – 15, 2011 Happily Ever After	<input type="checkbox"/> Week 3 July 18 – 22, 2011 Have a Ball!
<input type="checkbox"/> Week 4 July 25 – 29, 2011 Discovery Week	<input type="checkbox"/> Week 5 August 2 – 5, 2011 Splish Splash	<input type="checkbox"/> Week 6 August 8 – 12, 2011 Ahoy, Matey!
<input type="checkbox"/> Week 7 August 15 – 19, 2011 Around the World	<input type="checkbox"/> Week 8 August 22 – 26, 2011 Magical Mystery Week	CLOSED August 29 through to September 6 th , 2011.

Checklist for Parents	Checklist for Office Use only
<input type="checkbox"/> Completed Registration Forms <input type="checkbox"/> \$ 40.00 non-refundable registration fee (per child) due upon registration, payment may be made by Interact or Money Order. <u>We do not accept cash or personal cheques</u>	Registration forms completed in full and signed <input type="checkbox"/> Registration fee received Money order # _____ Interact Receipt # _____
Method of Payment (indicate one) <input type="checkbox"/> Interac <input type="checkbox"/> Pre Authorized Debit (If you are not currently using PAD for payments or are new to our Society, complete the PAD forms and attach a VOID cheque) <input type="checkbox"/> Subsidy Authorizations (if applicable) For those families requiring Subsidy, we must receive your Authorization for the summer by June 20 th . If we have not received your forms by this date you will be required to pay the fees up front.	Method of Payment <input type="checkbox"/> Interact <input type="checkbox"/> PAD <input type="checkbox"/> PAD form on file <input type="checkbox"/> New forms void cheque Subsidy Authorization (if applicable) Authorization received on _____ Authorization # _____
Immunization Records <input type="checkbox"/> Only attach a copy of your child's Immunization records if you are new to our Program or if your child has recently had shots, we are required to have the updated document on file	Received date: _____ Time: _____ Staff Initial _____



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Registration for our Summer Camp begins on Tuesday, April 26th, 2011 and winds up on Tuesday, May 3rd, 2011. Registration will be ongoing after this date if spaces are still available. When we receive the initial numbers for attendance each week this enables our staff to continue to plan fun activities for the children specifically to the number and ages of the children attending.

Once we have received these documents, we will be emailing everyone the week of May 9 – 13th, confirming your space. We will email the final set of documents to everyone during the week of May 23 – 27th and ask that they be returned to us by Friday, June 10th.

- Complete the documents in full.
- One set of documents for each child.
- If your child is currently attending our School year program, you must ALSO fill in ALL information requested.
- Do not make references such as: "Information already on file" "See their Sister/Brother's Information" "Look at last year's info" or "Nothing has changed".

Families not currently enrolled in our Out of School Care Programs are required to attach a copy of their child's immunization records.

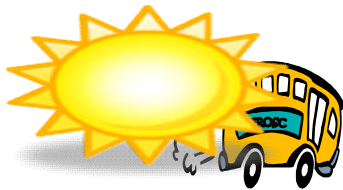
Families that are currently enrolled in our Out of School Care Program, do not need to send them again *unless* your child has recently had shots, please submit the updated records.

Any missing information will constitute an incomplete document and your child will not be registered until they have been completed in full.

For those families that were here last year, note that there are numerous changes in our Parent Handbook from last year. Everyone is required to read the handbook thoroughly. If you have any questions, contact either Catherine or Lee Ann.

Please note:

- Spaces are first come first served.
- Drop in spaces will only be available if there is room.
- No cancellations.
- If you are a part of our Out of School program, and your fees are in arrears at the time of registration, your space will not be confirmed until fees are paid in full



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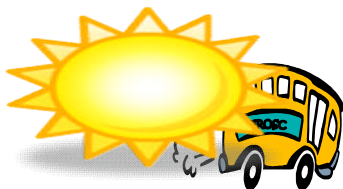
Registration documents

Child Info	Last Name		First Name	
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Emergency Medical Contact Information	Care Card No.			
	Family Doctor		Phone	
	Family Dentist		Phone	

Mother's Information and (Husband, Partner Common-law, etc info)	Last Name		First Name	
	Mom's address			
	Home Phone		Cell Phone	
	Work Phone		Other	
	Employer		Position	
	Husband/Common-law Last Name		Husband/Common-law First Name	
	Work Phone		Cell Phone	

Father's Information and (Wife, Partner Common-law, etc. info)	Last Name		First Name	
	Dad's address			
	Home Phone		Cell Phone	
	Work Phone		Other	
	Employer		Position	
	Wife/Partner/Common-law Last Name		Wife/Partner/Common-law First Name	
	Work Phone		Cell Phone	



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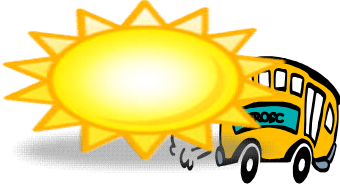
Registration documents

Child Info	Last Name	First Name
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Custody Information (if applicable)	If divorced or separated, please complete the following information	
	Child's Primary Address:	
	Attach a copy of the Custody/Court Order <i>(this is a legal requirement in order for us to enforce conditions)</i>	

Child Access	Is there any person or persons that are not permitted access to your child? (If yes, please print their name below, supply a copy of the documentation and advise our Manager)

Medical Information (all of this information is MANDATORY if it does not apply to your child please type in N/A) Incomplete documents will be returned.	<input type="checkbox"/>	Child is immunized (provide immunization records)	_____ Signature	
	<input type="checkbox"/>	Child is not immunized. I understand that should there be a suspected or real outbreak of any communicable disease, I have to remove my child from the Centre until Medical staff have agreed that it is safe for them to return	_____ Signature	
	Does your child have and/or had any known health problems or illnesses?			
	Allergies, Special Diets (required for snack purposes):			
	Medications required. (Please supply details; ie Asthma, puffers, epi pens, along with instructions for use)			
	Behavioural concerns (ie. ADHD/ADD)			
	Has your child ever received individual support through Queen Alexandra's Hospital for Children (QA), or other medical professional in the school or previous daycares, preschool or out of school care?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	Does your child have a care plan? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, attach a copy of the Care Plan.	
	_____ Signature		_____ Date	
	** Care Plans are a requirement of our facility being licensed. Care plans are drawn up to cater to each child's individual needs which could be of varying nature. (Allergies (food, medical), behavioural considerations, physical requirements, etc.) If you are unsure, please speak to the Program Coordinator or Manager for further clarification.			



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Child Info	Last Name		First Name	
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Contact Information (to be completed in full)	
Name of Contact	
Email	
Daytime Phone	

Parent Policy handbook

- I / We have read and will follow the policies and procedures outlined in the Parent Policies Handbook. (which is available to view and/or download at www.viewroyalosc.com).

Parent signature Date

Parent signature Date

For Office use only		
Date	Time	Initial

FOR OFFICE USE ONLY

Start Date:	
End Date:	